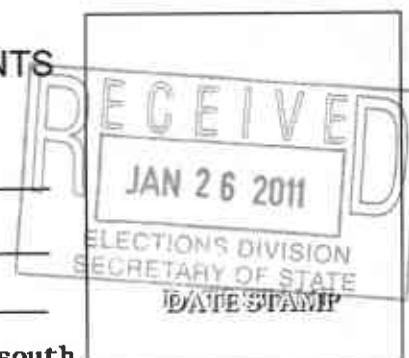


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Willie J. Perkins, Sr.Address 806 South Boulevard, Greenwood, MS 38930Telephone (662)455-1211 Fax (662)453-9159Contact Name Willie J. Perkins, Sr. Email perkinslawofc@bellsouth.netOffice Sought House District 32 Political Party Democrat☐ Check here if above is different from previous report**TYPE OF REPORT**

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,850.00\$	\$ 8,850.00	\$ 10,074.79
Total amount of disbursements	\$ 800.00\$ 3,822.86	\$ 4,622.86	\$ 4,622.86
Total amount of cash on hand		\$ 5,451.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate [Signature]Date 1-24-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Association of MS State PAC</u>	<u>01 / 04 / 2010</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 3300</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Billy McCoy Campaign Fund</u>	<u>09 / 03 / 2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>259 County Road 1021</u>	<u> / / </u>	\$
City, State, Zip Code <u>Rienzi, MS 38865-9360</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required) <u> / / </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willis Engineering, Inc.</u>	<u>09 / 21 / 2010</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 160</u>	<u> / / </u>	\$
City, State, Zip Code <u>Grenada, MS 38902-0160</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Correctional Management, Inc.</u>	<u>09 / 27 / 2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 4423</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39296-4423</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT & T Mississippi Political Action Committee</u>		<u>10 / 07 2010</u>	\$ 500.00
Mailing Address <u>175 E. Capitol St., Landmark Center, Room 703</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brown's Enterprises, Inc.</u>		<u>10 / 01 / 2010</u>	\$ 500.00
Mailing Address <u>1807 East Joppa Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Baltimore, MD 21234</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services, Inc.</u>		<u>10 / 13 2010</u>	\$ 500.00
Mailing Address <u>333 N. Point Center E.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Alpharetta, GA 30022</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benchmark Construction Corp.</u>		<u>10 / 13 2010</u>	\$ 500.00
Mailing Address <u>P. O. Box 31177</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39286-1177</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Government Employees Credit Center, Inc.</u>	<u>10/05/2010</u>	\$ <u>250.00</u>
Mailing Address <u>750 Shipyard Drive, Suite 200</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Wilmington, DE 19801</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>10/19/2010</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 68429</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Schaumburg, IL 60168</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>11/13/2010</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 39</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norfolk Southern Corp.</u>	<u>09/29/2010</u>	\$ <u>250.00</u>
Mailing Address <u>Three Commercial Place</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Norfolk, VA 23510</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2010 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cellular South</u>		<u>11 / 17 / 2010</u>	\$ <u>300.00</u>
Mailing Address <u>1018 Highland Colony Parkway, Suite 330</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee for Clean Environment & Fair Taxation</u>		<u>12 / 10 / 2010</u>	\$ <u>200.00</u>
Mailing Address <u>300 N. State Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents Association</u>		<u>12 / 13 / 2010</u>	\$ <u>250.00</u>
Mailing Address <u>413 President Street, Suite 111</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Northrop Grumman</u>		<u>12 / 02 / 2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>4101 Washington Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Newport News, VA 23607-2770</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Willie J. Perkins, Sr.
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>12 / 22 / 2010</u>	\$ <u>400.00</u>
<u>Mississippi Power Company State PAC</u>		
Mailing Address	<u> / / </u>	\$
<u>P. O. Box 4079</u>		
City, State, Zip Code	<u> / / </u>	\$
<u>Gulfport, MS 39502</u>		
Name of Employer (Required)	<u> / / </u>	\$
<u>N/A</u>		
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
<u>N/A</u>		
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>12 / 23 / 2010</u>	\$ <u>200.00</u>
<u>Dennis Miller</u>		
Mailing Address	<u> / / </u>	\$
<u>529 Windsor Drive</u>		
City, State, Zip Code	<u> / / </u>	\$
<u>Madison, MS 39110</u>		
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
<u> </u>		
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
<u> </u>		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
<u> </u>		

Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Campaign to Re-elect Judge Tyree Irving	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10</u> / <u>18</u> / <u>2010</u>	\$ <u>400.00</u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Re-election	Aggregate Year-to-date	\$ <u>400.00</u>
B. Full name Campaign to Re-elect Claudine Brown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10</u> / <u>18</u> / <u>2010</u>	\$ <u>400.00</u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Re-election	Aggregate Year-to-date	\$ <u>400.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$